

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Jae Hyoung Kim et al.

Serial No: 10/792,317

Filed: March 2, 2004

For: CHANNEL ESTIMATOR ADOPTING MASKING

Art Unit: 2611

Examiner: Burd, Kevin Michael

Confirmation No.: 4391

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-14

Sir:
Transmitted herewith is an AMENDMENT in the above-identified application.

- ☒ A petition for extension of time for 2 months is enclosed.
☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	13	-	20	**	0	LG=\$50 SM=\$25 \$ 0
INDEPENDENT CLAIMS FEE	2	-	3	***	0	LG=\$200 SM=\$100 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180 \$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 502290:
- ☐ Excess claim(s) fee in the amount of \$_____.
- ☒ RCE fee in the amount of \$810
- ☒ Extension fees in the amount of \$460.
- ☐ Petition fee in the amount of \$_____.
- ☐ Terminal Disclaimer fee in the amount of \$_____.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,
Lee, Hong, Degerman, Kang & Schmadeka

Date: February 15, 2008

By:

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